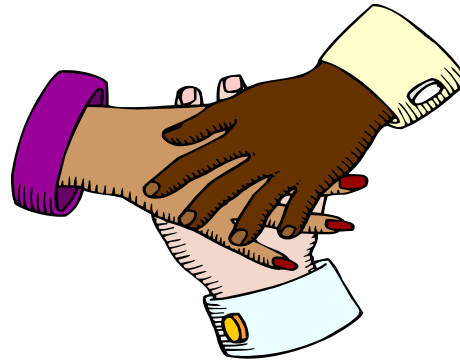


Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

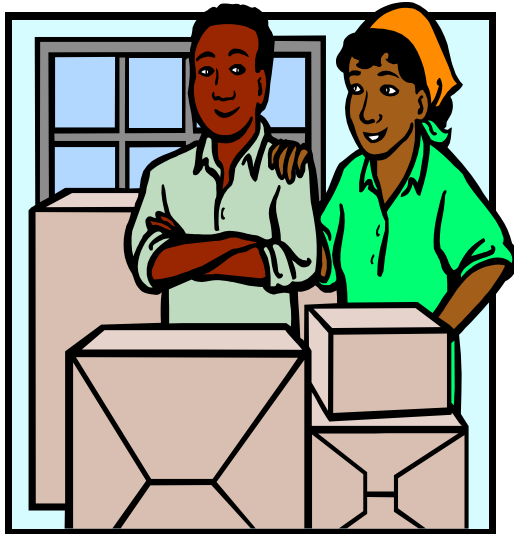
Transfers

Division Directive 5.010

Applies to Regional Offices, Senate Bill 40 Boards and other not-for-profit Targeted Case Management (TCM) Entities.



Directive 5.010: Purpose



To implement a consistent, statewide process for transfer of individuals, ensuring a smooth transfer that maintains services, with no delay in obtaining new supports and services when a person is moving from one Regional Office area to another, and to/from a TCM provider.

In this training, we will cover:

Directive 5.010: Transfers

- 👤 Transfers for individuals living in natural homes
- 👤 Transfers for individuals residing in their homes using DD paid residential supports
- 👤 Administrative file transfer process

Best Practice

- 👤 Always make sure that everyone important to the transfer process is kept well-informed. Communication is absolutely key to a smooth transfer. This may include RNs, Behavior Support Professionals, or other professionals.
- 👤 When an Individual is moving to a new supported residential setting, take time to make sure the Individual is comfortable with the new setting. This will include setting up opportunities to get to know housemates and visit the new home.
- 👤 Ensure the new provider has all the information needed to successfully support the individual, and all supports are in place. This may include trainings for behavioral strategies, trainings related to delegation of medical tasks, employment supports, etc.
- 👤 Above all, plan thoroughly and communicate often.

Directive 5.010: Changes

This directive has recently been revised. The changes include:

- 👤 The directive has been streamlined to be easier to follow.
- 👤 The directive allows files to be transferred from TCM agency to TCM agency without having to be sent to the Regional office.
- 👤 There is a process for auditing the file which replaces the current TCM referral packet.

Changes (con't.)

- 👤 The sending Support Coordinator is required to complete the Checklist for Community Living Moves and the Housemate Compatibility Tool as part of the transfer process for individuals moving into a new residential setting.
- 👤 A Frequently Asked Questions document has been added.
- 👤 The transfer form was redone to make it easier to follow. The form used to document actual transfer of funds from one RO to another was eliminated. (That change was already put into practice over a year ago.)
- 👤 A transfer contact brochure has been developed. It provides transfer contact information for all TCM agencies and Regional Offices. <http://dmh.mo.gov/dd/staff.html>

Directive 5.010: Definitions

- 👤 **Interdisciplinary Team or Team:** Those people (professionals, paraprofessionals, guardian and/or family members) who know the individual well and who possess the knowledge, skills, and expertise necessary to accurately identify a comprehensive array of the individual's needs and design a program which is responsive to those needs

Directive 5.010: Definitions

- 👤 **Individual Support Plan (ISP):** A document resulting from a person centered process directed by the individual served, with assistance as needed by a representative, in collaboration with an interdisciplinary team.



Directive 5.010: Definitions

- 👤 **Transfer Contact Designees:** Regional Office or satellite office staff person(s) designated by the Regional Office Assistant Director to assist with the transfer process.
- 👤 **TCM Transfer Contact:** Staff person(s) at the TCM agency designated to assist with the transfer process.



Directive 5.010: Definitions

- 👤 **Transfer Process:** The work involving the individual's interdisciplinary team to identify and document all of the services, supports, accommodations, etc., the individual will need and to set into motion the plans and actions needed for the individual to move.

Transfers for Individuals living in natural home

In addition to the Individual and their family and/or guardian, the following people may be involved in a natural home transfer:

- 👤 Sending and Receiving:
 - 👤 Support Coordinators
 - 👤 Support Coordination Supervisors
 - 👤 TCM Transfer Contacts
 - 👤 Regional Office Assistant Directors
 - 👤 Regional Office Transfer Contact Designees
 - 👤 Provider Staff
- 👤 Others determined important to ensuring a smooth transition

Transfer Process: Natural Home

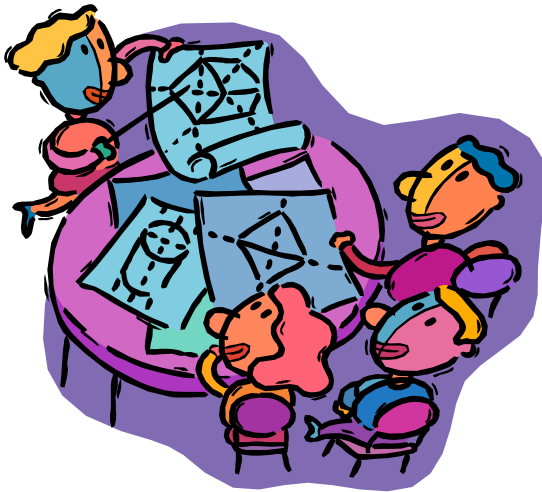
- Anytime an individual is moving within or out of current region, the Support Coordinator (SC) will discuss with the individual or guardian the choice to transfer or discharge from services.
- If the individual or guardian chooses to remain in services, the sending Support Coordinator Supervisor (SCS) will send an e-mail to inform the receiving SCS, sending/receiving Assistant Directors (AD) and transfer contact designees. An electronic copy of the Individual Support Plan and demographic page will be attached to the e-mail.

Transfer Process (con't):

Natural Home

- 👤 The receiving Regional Office transfer contact designee will inform the responsible RO staff person to open a second Episode of Care so that both parties are able to bill and have access to CIMOR during this time of transfer.
- 👤 If the individual receives funded services which will need to continue in the new location the sending SC and/or SCS will work directly with the receiving SC at the TCM agency or RO to ensure that services are set up in advance of the move.
- 👤 Approval for services will be authorized through the sending Utilization Review Committee (URC) and the sending SC will share the new budget with the receiving SC at the TCM agency or RO.

Is a Transition Meeting Needed for Natural Home moves?



Complex individual service needs shall require a transition meeting to ensure that all necessary supports and services are in place. The need for a transition meeting will be determined by the sending and receiving TCM agencies prior to the transfer.

Final Steps

- 👤 An amendment or updated ISP will be completed prior to the individual moving. It is the responsibility of the sending SC to provide an up-to-date ISP or amendment to the receiving Support Coordinator upon transfer.
- 👤 Once services are coordinated and authorized, the transfer may occur.



Transfers for Individuals in Paid Residential Settings

In addition to the Individual and their family and/or guardian, the following people may be involved in a transfer to a new residential setting:

- 👤 Sending and Receiving:
 - 👤 Support Coordinators
 - 👤 Support Coordination Supervisors
 - 👤 Community Living Coordinators
 - 👤 TCM Transfer Contacts
 - 👤 Regional Office Assistant Directors
 - 👤 Regional Office Transfer Contact Designees
 - 👤 Provider Staff
- 👤 Others determined important to ensuring a smooth transition

Choosing a Provider

All individuals seeking a residential setting shall be entered into the Consumer Referral Database.



- 🧑 The sending Support Coordinator shall electronically send the Consumer Referral Profile and referral documents to the sending Community Living Coordinator who will place the documents on the referral database. (The Profile form is available in the Support Coordination manual on the DMH website.)
- 🧑 As part of this process, the Community Living Coordinators (CLC) will review the list of providers that are on Improvement Plans and Critical Status Plans and inform the Support Coordinator.

Consumer Profile

Please note: This form is to be used as an aid for the provider to quickly assess the individual's needs. This provides a brief description of the individuals support needs. The consumer Profile form in no way replaces the Individual Support Plan or any additional information that is required for the providers to determine if they can support the individual successfully.

Person Completing Profile and Title: <input style="width: 90%;" type="text"/>	Date Profile Completed: <input style="width: 90%;" type="text"/>
---	--

Consumer Identification

Consumer Name: <input style="width: 90%;" type="text"/>	Date of Birth: <input style="width: 90%;" type="text"/>	Client ID (Statewide ID): <input style="width: 90%;" type="text"/>
Financial Resources: Source: <input style="width: 90%;" type="text"/>	Amount: \$ <input style="width: 90%;" type="text"/>	Spend down amount: \$ <input style="width: 90%;" type="text"/>
Diagnosis (list name of diagnosis not just the number)		
Axis I- <input style="width: 90%;" type="text"/>		
Axis II- <input style="width: 90%;" type="text"/>		
Axis III- <input style="width: 90%;" type="text"/>		

County Preference

1 st Choice: <input style="width: 90%;" type="text"/>	2 nd Choice: <input style="width: 90%;" type="text"/>
3 rd Choice: <input style="width: 90%;" type="text"/>	Statewide: <input style="width: 90%;" type="text"/>

About the Consumer

Day Activities & Services			Daily Living Needs (All That Apply)				
Activity / Service	Full Time	Part Time	Support Needed:	None	Minimal	Moderate	Extensive
<input type="checkbox"/> Day Habilitation	<input type="checkbox"/>	<input type="checkbox"/>	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School	<input type="checkbox"/>	<input type="checkbox"/>	Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Competitive Employment	<input type="checkbox"/>	<input type="checkbox"/>	Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supported Employment	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sheltered Employment	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Volunteer	<input type="checkbox"/>	<input type="checkbox"/>					

Medical Support Needs (All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> Allergy(s) | <input type="checkbox"/> Mobility - Walker/Cane |
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Mobility - Walks independently |
| <input type="checkbox"/> Bowel Care | <input type="checkbox"/> Mobility - Walks unaided with difficulty |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Mobility - Walks with supportive devices |
| <input type="checkbox"/> Catheterization | <input type="checkbox"/> Oxygen therapy |
| <input type="checkbox"/> Communicates with Sign Language | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Skin Breakdown |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Special Diet Preparation |
| <input type="checkbox"/> Diabetes, Insulin Dependent | <input type="checkbox"/> Speech - Communicates using assisted devices |
| <input type="checkbox"/> Diabetes, Non-Insulin Dependent | <input type="checkbox"/> Speech - Communicates using gestures or eye pointing |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Speech - Communicates using sign language |
| <input type="checkbox"/> Accessible environment | <input type="checkbox"/> Speech - Difficult to understand |
| <input type="checkbox"/> Accessible transportation | <input type="checkbox"/> Speech - No functional communication |
| <input type="checkbox"/> Hearing - Deaf | <input type="checkbox"/> Speech - Normal |
| <input type="checkbox"/> Hearing - Hearing Aids | <input type="checkbox"/> Suctioning |
| <input type="checkbox"/> Hearing - Normal | <input type="checkbox"/> Therapeutic Positioning |
| <input type="checkbox"/> Hearing - Partial hearing loss | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Hearing - Unknown or undetermined hearing capabilities | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Illnesses that interfere with daily routine | <input type="checkbox"/> Uncontrolled seizures |
| <input type="checkbox"/> Illnesses that require medical attention | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Vision - Blind |
| <input type="checkbox"/> Mobility - Crawls | <input type="checkbox"/> Vision - Impaired but corrected with glasses |
| <input type="checkbox"/> Mobility - Electric wheelchair independently | <input type="checkbox"/> Vision - Impaired vision |
| <input type="checkbox"/> Mobility - Electric wheelchair with transfer assist | |
| <input type="checkbox"/> Mobility - Lift | <input type="checkbox"/> Vision - No functional vision |
| <input type="checkbox"/> Mobility - Manual wheelchair with assistance | <input type="checkbox"/> Vision - Normal |
| <input type="checkbox"/> Mobility - Manual wheelchair with transfer assistance | <input type="checkbox"/> Vision - Travel vision but legally blind |
| <input type="checkbox"/> Mobility - Manual wheelchair without assistance | <input type="checkbox"/> Vision - Unknown or undetermined visual ability |
| <input type="checkbox"/> Mobility - Requires total assistance with mobility | <input type="checkbox"/> Wears Depends |

Altered Levels of Supervision Needed (All That Apply)

- ☐ Requires RN/LPN oversight on all shifts
- ☐ 24 Hour
- ☐ Moderate Supervision
- ☐ Line of Sight
- ☐ Awake, Overnight Staff
- ☐ Constant Supervision
- ☐ Max Time Alone – Less Than 15 Minutes

- ☐ Max Time Alone – Less Than 1 Hour
- ☐ Max Time Alone – 10+ Hours
- ☐ Unable to Evacuate Without Assistance
- ☐ Max Time Alone – 1-3 Hours
- ☐ Max Time Alone – 3-10 Hours
- ☐ 1:1 Staffing
- ☐ More than 1:1 Staffing

Behavioral Issues (All That Apply)**Monitoring
Needed**☐
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☐**Protection
Needed**☐
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Chemical Abuse
Dishonesty
Elopement
Physical Aggression
PICA
Property Destruction
Self-Abuse
Sexuality - Vulnerability
Sexuality (Predator - Preference Female)
Sexuality (Predator - Preference Male)
Sexuality (Predator - Children)
Social Interactions
Extra Support for Transportation
Verbal Aggression
Stealing
Fire Setting

Family Involvement (Check Only One)

- ☐ Frequent
- ☐ Infrequent
- ☐ None

Guardianship:**Name:** ☐ Limited ☐ Full**Payee:**

Note: Fields for typing are much larger in actual form. The space was condensed to fit on this slide.

Sexually Aberrant Behavior (defined as inappropriate sexual behavior that puts the individual or others at risk of physical or psychological harm and/or causes high level of concern within the community. Examples: criminal sexual behaviors, non-consensual sexual acts, predatory behaviors etc.)								
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Intellectual Skills (All That Apply)								
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Support Needed (None, Minimal, Moderate, Extensive):</th> <th style="text-align: left; border-bottom: 1px solid black;">None Min. Mod. Ext.</th> <th style="text-align: left; border-bottom: 1px solid black;">None Min. Mod. Ext.</th> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Does not handle everyday stress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Dislikes disruptions in environment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Easily Taken Advantage Of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Inability to Advocate for Self </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="vertical-align: top; padding: 5px;"> Judgment Impaired: Rational Decisions Health Judgment Impaired: Rational Decisions Financial Judgment Impaired: Rational Decisions Safety Recognize Reality: Paranoia or Delusional Behavior </td> </tr> </table>			Support Needed (None, Minimal, Moderate, Extensive):	None Min. Mod. Ext.	None Min. Mod. Ext.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Does not handle everyday stress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Dislikes disruptions in environment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Easily Taken Advantage Of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Inability to Advocate for Self	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Judgment Impaired: Rational Decisions Health Judgment Impaired: Rational Decisions Financial Judgment Impaired: Rational Decisions Safety Recognize Reality: Paranoia or Delusional Behavior
Support Needed (None, Minimal, Moderate, Extensive):	None Min. Mod. Ext.	None Min. Mod. Ext.						
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Does not handle everyday stress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coping Skills: Dislikes disruptions in environment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Easily Taken Advantage Of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Judgment Impaired: Inability to Advocate for Self	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Judgment Impaired: Rational Decisions Health Judgment Impaired: Rational Decisions Financial Judgment Impaired: Rational Decisions Safety Recognize Reality: Paranoia or Delusional Behavior						
Rights Restriction: 								
Brief description of unique or special support needs: 								
Summary of Current Situation: 								
Attach – Plan, BSP, Last Nursing Review/HIPS								
Information for Determining Rate								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Support Intensity Scale/Vineland Index (for shared living only): Rate Allocation Score (for group home): ISL Rate: </td> <td style="width: 50%; vertical-align: top;"> Check if: <input type="checkbox"/> New Placement <input type="checkbox"/> Move from Current Placement </td> </tr> </table>			Support Intensity Scale/Vineland Index (for shared living only): Rate Allocation Score (for group home): ISL Rate: 	Check if: <input type="checkbox"/> New Placement <input type="checkbox"/> Move from Current Placement				
Support Intensity Scale/Vineland Index (for shared living only): Rate Allocation Score (for group home): ISL Rate: 	Check if: <input type="checkbox"/> New Placement <input type="checkbox"/> Move from Current Placement							

DMH/DD Consumer Referral Database

- 👤 The Legally Responsible Person may select up to 10 counties for a referral OR they may select all the counties in Missouri.
- 👤 Counties are prioritized with a number (1-10) in the order that the Legally Responsible Person prefers.
- 👤 After the CLC completes the entry in the Consumer Referral Database, each referral is assigned a unique number.
- 👤 Providers receive email notification when a new referral is entered into the system for a county where they provide supports, unless
 - 👤 The provider is on No Growth/No Referral status, or
 - 👤 The Legally Responsible Person asks that certain Providers not receive a referral.
- 👤 The information contained within the referral entry is available for view by all Providers who have indicated that they can support individuals in the counties selected.

DMH/DD Consumer Referral Database

The information contained within the referral includes:

- 👤 The Regional Office from which the referral is originating;
- 👤 The Community Living Coordinator with e-mail and phone;
- 👤 The Individual's basic demographic information including address, age, gender, guardian(s);
- 👤 The counties preferred by the consumer; and
- 👤 Attachments (Consumer Referral Profile, Individual Support Plan (ISP), Behavior Support Plan (BSP), Medical information.)

DMH/DD Consumer Referral Database

All DD residential service Providers are able to gain access to this system. The screen below is how the system looks for Community Living Coordinators:

DEPARTMENT OF MENTAL HEALTH - DD CONSUMER REFERRAL SYSTEM

Welcome Stephen Carroll [Log Off](#)

[Provider Profile](#)

[Coordinator Profile](#)

[Reports](#)

[No Referral Status](#)

[Help](#)

Facility	Joplin Regional Office	DMH ID		Referral #		<input type="radio"/> Open & Closed <input checked="" type="radio"/> Open <input type="radio"/> Closed	Search
Last Name		First Name		Region	<input type="checkbox"/>		Clear
				Statewide	<input type="checkbox"/>		Provider Mode

		Referral Number	Status	Facility Code	Consumer Full Name	DMH ID	Birth Date	Gender	Pending Placement	Referral Age
View	Edit									

[Add](#)



DEPARTMENT OF MENTAL HEALTH - DD CONSUMER REFERRAL SYSTEM

Welcome Cathy Solomon [Log Off](#)

[HOME](#)

Referral # 133

State Facility Joplin Regional Office	Coordinator Stephen Carroll - Placement	Last Notification 6/14/2010	Publish Date 6/14/2010	Close Date
--	--	--------------------------------	---------------------------	----------------

DMH ID: <input type="text"/>	Consumer Name: <input type="text"/>	Address: <input type="text"/>	City, State, Zip: El Dorado Spring MO 64744
Gender: Female	DOB: <input type="text"/>	Age: 47	Guardian: <input type="text"/>

Preference	County	Name	Email	Phone	Attachment(s)
1	JASPER	Stephen Carroll	Stephen.Carroll@dmh.mo.gov	417-629-3533	Open Fake document.pdf
	ADAIR				
	ANDREW				
	ATCHISON				
	AUDRAIN				
	BARRY				
	BARTON				
	BATES				
	BENTON				
	BOLLINGER				

Available Counties: 115

Provider Response Response: <input type="text"/> Provision/Reason: <input type="text"/>	
Comments: <input type="text"/>	Contact: <input type="text"/> <input type="button" value="Save"/>

A Provider may accept or decline the referral. The Provider may tentatively accept by putting a 'provision' in the provision drop down. To further clarify any response, comments may be added. Simply fill in the response portion of the screen and press save. At any point, a Provider may edit their response. The Community Living Coordinator will receive notification of the response via email.

DMH/DD Consumer Referral Database

- When the Consumer Referral Database responses come to the Community Living Coordinator via email notification, the Community Living Coordinator will notify the Support Coordinator about each accepting response received.

Consumer Referral System Responses

Provider	Response	Provision/Reason	Comments	Responder	Date Responded
XYZ Provider	Accept	None	Have housemate in existing ISL. Please contact John Jones at 999-999-9999	John Jones johnjones@asdfmail.com 999-999-9999	00-00-0000
Here We Are Provider	Accept	Need more information	Would like to speak with you about this person.	Mary Smith Marysmith27@jkl.com	00-00-0000

Choosing a Provider (cont.)

- After the Support Coordinator notifies the Legally Responsible Person about each Provider who has expressed interest in supporting the Individual, the SC will then contact each Provider that indicates interest in the referral to explore the supports the agency can provide.
- The Support Coordinator works with the Individual and Legally Responsible Person to explore the Provider options available and choose a Provider. The Legally Responsible Person may choose to interview potential providers over the phone. The Support Coordinator may also set up visits for the Individual and Legally Responsible Person to meet with Providers and tour potential homes.
- As part of this process, the Support Coordinator will encourage Individuals and families to review profiles of potential support providers available on the Department of Mental Health website at <http://dmh.mo.gov/DDServiceDirectory.html>

Provider Profile Directory

"Information contained in this profile is self-reported by the Provider"

[Tips on How to Find a Provider that is Right for You](#)

Type of Service Needed:

County: All Counties

Agency Name: Four Seasons LLC

[View](#)

Address: 303 W Main Street Adrian, MO 64720-9217

Agency Name: Life Skills

[View](#)

Address: 13545 Barrett Parkway Dr Ste 300 Ballwin, MO 63021-3823

Agency Name: Harrison County Handicapped Group Corporation

[View](#)

Agency Name: Harmony House - ISL II

[View](#)

Address: 507 NW 15th Street Blue Springs, MO 64015-3230

Agency Name: Lake of the Ozarks Developmental Center (LODC)

[View](#)

Address: 1867 South Highway 5 Camdenton, MO 65020

Agency Name: Agency XYZ

Close

Address: 1414 Main Street, Any Town, MO

Agency Name: Agency XYZ

Agency Name: Agency XYZ

Address: 1414 Main Street, Any Town, MO

Date Agency Began: 01/01/2001

Operation Status: Private Non-Profit

Mission: Agency XYZ's mission is to provide support to persons with disabilities to empower them to self-determine their own lives. XYZ believes that all individuals have the right to make their own choices and decisions about their lives, and to have an opportunity to be contributing members of their community.

Information Current as of: 09/08/2014

Contact Person: John Smith

Contact Person Title: Executive Director

Phone: 573-001-0101

Fax: 573-001-0102

E-mail: j.smith@gmail.com

Website: www.agencyxyz.com

Choosing a Provider (cont.)

One of the most important considerations in choosing a provider is compatibility of housemates.

It is now required that the sending Support Coordinator use the Housemate Compatibility Tool (Appendix A) to assist the team in considering individual preferences in the selection of a home.



Housemate Compatibility Tool

This tool shall be completed by an individual who is seeking a living situation with housemates, and potential housemates who may have someone move in with them. The tool should be completed by the individual with support as needed from someone who knows the individual well. The information is considered by the planning team in determining compatibility of two or more housemates.

Name _____

Date _____

Things a potential housemate should know about me: (habits, routines, strong likes/dislikes, supports needs that could affect a housemate's routine, etc.)	Characteristics I like in a potential housemate: (personality, common interests, routines, habits, etc.)	I could not live with someone if they: (what I find annoying or upsetting, anything that would make it unlikely I could live with another person)

A more comprehensive Housemate Survey can be found on the Department of Mental Health website at:

<http://dmh.mo.gov/docs/dd/housematesurvey.pdf>

The Planning Process

Once a region and/or provider has been identified, the sending CLC will contact the following individuals by e-mail:

- 👤 sending and receiving TCM supervisors or TCM Transfer contacts
- 👤 receiving CLC
- 👤 sending and receiving RO transfer contact designees.

An electronic copy of the ISP and demographic page will be attached to the e-mail.

The Support Coordinator shall Utilize the Checklist for Community Living Moves (Appendix B) as a planning tool throughout the transfer process.

Appendix B: The Checklist for Community Living Moves

- 👤 The Checklist guides the team in completing all necessary action steps to complete a Transfer.
- 👤 The Directive requires the use of the Checklist.
- 👤 The Checklist covers the following areas:
 1. Initial Planning and Provider Selection
 2. Financial Information
 3. ISL/Other Residential Considerations
 4. Supports
 5. When the Move is Going to Happen
 6. Follow Up

Checklist for Residential Community Living Moves

Name: _____ DMH # _____

Transitioning from: _____ to _____
 Natural Home/ Residential Name Residential Name

Transitioning from: _____ to _____
 Regional Office Regional Office

Initial Transition meeting date: _____ 30 Day Transfer meeting date: _____

INITIAL PLANNING AND PROVIDER SELECTION:

Action step	Date action step completed (or N/A)	Comments
The individual's waiver eligibility has been determined and Level of Care completed		
Have UR approval to proceed with placement and individual is on the Placement Waiting List		
Responsible Person(s) has identified the counties they want to consider for a move		
Individual's referral has been placed on Consumer Referral System		
Individual and responsible party has been made aware of all provider choices and been provided information and opportunities to visit providers before making informed choice		
Housemate Compatibility Tool has been completed, and the team has evaluated the level of risk any housemate would present to the other		
Individual has met housemates and visited the home		
Waiver and Choice of Provider Statement completed		
The new TCM agency has been informed of the move and invited to transition meeting		
If moving from one Regional Office to another, the receiving RO and CLC have been informed		
If needed, interdivisional agreement has been completed and signed		
If needed, interdepartmental agreement has been completed and signed		

Checklist for Residential Community Living Moves, Continued:

FINANCIAL INFORMATION:

Action step	Date action step completed (or N/A)	Comments
Have verified the individual has active, waiverable Medicaid		
Have verified the individual has sufficient benefits to cover the room and board costs If not, have requested RO Business Office review the benefits		
If move will result in a rate increase, the budget has been approved by UR Committee and Regional Office Director prior to the move		
Sending Business Office has been informed of the move		
Receiving RO has received an approved copy of the budget		
Have informed Business Office of status of payee		
Status of individual's burial plan and/or funeral arrangement has been documented in the file		
Notifications of individual's move/new address have been made to current landlord, post office, Social Security office, bank, etc.		

Checklist for Residential Community Living Moves, Continued:

ISL/OTHER RESIDENTIAL CONSIDERATIONS:

Action step	Date action step completed (or N/A)	Comments
If a new ISL, the proposed ISL site has been inspected by the SC using the ISL Environmental Site Review form prior to the move		
If repairs/changes were necessary, the site passed re-inspection prior to the move		
Home modifications needed for health and safety have been approved and completed prior to the move		
Start up needs (rental/utility deposits, furniture, household set-up, etc.) have been identified and funding source identified prior to the move		

Checklist for Residential Community Living Moves, Continued:

SUPPORTS:

Action step	Date action step completed (or N/A)	Comments
All medical supports the individual needs are addressed in the ISP/Amendment		
Sending and Receiving RO Nurses have been informed of the individual's move		
Receiving provider's staff are informed and aware of the individual's medical needs		
If individual has had a change in health status or this is first move to residential living, Health Inventory has been completed		
Provider staff have been trained on any specialized medical supports needed prior to the move		
The individual has all needed durable medical equipment, and the source and funding for needed equipment has been identified and approved prior to the move		
All behavioral support needs are addressed in the ISP/amendment		
If needed, referral has been made to the BRT		
Provider staff have been trained on any specialized behavioral supports needed prior to the move		
If Psychiatrist (adult or child) is needed, ISP documents the need and referral has been made		
If needed Altered Levels of Supervision Tool been used by the team to plan supports		
Staffing ratio needed has been identified and justified in the plan		
If the person's rights are restricted, the plan has been reviewed .		
The team is informed of any pending court actions		
If the individual is a registered sexual offender or has been found NGRI (not guilty due to disability or mental illness) for a sexual offense, the SC has notified the sending CLC of the move and notification letters required by statute have been sent prior to the move		

Checklist for Residential Community Living Moves, Continued:

WHEN THE MOVE IS GOING TO HAPPEN:

Action step	Date action step completed (or N/A)	Comments
Final UR approval has been received and waiver slot has been requested and assigned		
Initial transition meeting with BOTH sending and receiving teams involved has been scheduled		
The receiving provider has scheduled doctor appointments to ensure continuity of care		
Arrangements have been made for transporting the individual and belongings on the move date.		
Transfer of personal funds has been arranged <ul style="list-style-type: none"> • Spending money in the individual's possession is sent <u>WITH</u> individual. • Personal spending money in accounts is returned by the provider to the Regional Office. (If RO is not payee, RO will direct provider who to return funds to.) 		
Upon the move, the personal inventory form is reviewed and signed off by both parties.		
At a minimum, the following must be provided to the receiving provider no later than the day of the move: <ul style="list-style-type: none"> • Current Individual Support Plan, including any addendums and budget authorizations • Behavior Support Plan • Current Physician's orders • A minimum of a seven day supply of current medications • Current physical, vision and dental exams • Current specialized medical information • Information regarding diet and allergies • Medicaid, Medicare, ID card and Social Security cards • Current immunization record • Adaptive equipment • Clothing • Personal care items • Personal property inventory • Documentation of guardianship and payee • Funding authorization 		

Checklist for Residential Community Living Moves, Continued:

FOLLOWUP:

Action step	Date action step completed (or N/A)	Comments
Determine which SC will do Service Monitoring during the first 30 days.		
The sending SC will update CIMOR with new provider, address, phone, payee, etc		
Receiving SC has entered their role in CIMOR		
Sending SC has ended their role in CIMOR one day prior to transfer date		
Administrative Transfer Form is completed if moving outside the region/county		
If administrative transfer, file review has been completed by SCS		

Signature of sending SC completing form and date

cc: Receiving SC
Consumer File

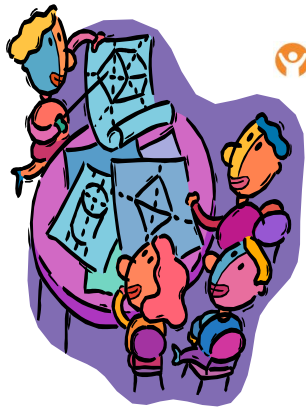
The Planning Process (cont.)

Once a home is identified and all necessary staff have been notified:

- 👤 The receiving transfer contact designee will inform the responsible RO staff person to open a second Episode of Care.
- 👤 The sending and receiving Community Living Coordinators will identify the main contacts to assist the sending Support Coordinator with questions regarding services and resources available in the area where the individual is moving.
- 👤 The receiving Community Living Coordinator will notify their RO nurse of the transfer.
- 👤 A current updated ISP/Amendment is the responsibility of the sending Support Coordinator. The ISP/Amendment shall include adequate supports for health and safety and to minimize difficulty in adjusting to any changes in his/her life that may occur with the change in living arrangements or supports.

The Transition Meeting

The sending Support Coordinator and Community Living Coordinator will arrange and co-facilitate a transition meeting far enough in advance of the move to ensure a smooth transfer.



- 👤 Participants in the transition meeting will include all staff necessary to provide input to the ISP.
 - 🧑‍⚕️ The sending and receiving RO nurses should be a member of the team when appropriate.
 - 🧑‍⚕️ A member of the sending and receiving Behavior Resource Team may be included if behavioral challenges occurred in previous support situation.
- 👤 The sending Support Coordinator will document the plan for the move in an ISP amendment.

Preparing for the Move

- 👤 The sending Support Coordinator will arrange for the individual to visit the new support location and support persons.
- 👤 The sending Support Coordinator has the individual or guardian sign all necessary documents, unless otherwise arranged. (i.e. Provider Choice of Support Coordination and Services.)
- 👤 The sending Support Coordinator will share the proposed budget with the receiving RO's transfer contact designee.

Preparing for the Move (cont.)

- 👤 The sending RO will be responsible for seeking budget approval for services through their Utilization Review Committee.
- 👤 If the individual has had a significant change in health or is moving from their natural home, the sending Support Coordinator will complete a Health Inventory prior to the individual moving.
- 👤 The sending Community Living Coordinator will notify sending reimbursement officer and receiving Community Living Coordinator will notify the receiving reimbursement officer of payee status.

Transfers when the Individual is being discharged from a Hospital

In the event the individual is moving to a new provider directly from a hospital, the sending Support Coordinator will ensure the receiving provider is prepared to support the individual's medical needs by:

- 👤 contacting the hospital as soon as possible after admission to request participation in discharge planning.
- 👤 ensuring the receiving provider has been provided all written medication orders as well as training and instruction regarding care procedures, techniques, use and monitoring of equipment, and other elements of care.
- 👤 ensuring the sending and receiving RO nurse will be involved in the planning process to assist the team for coordinating needed medical follow-up.

The First 30 Days

For the first 30 days the following will occur:

- 👤 The sending TCM agency and RO will maintain responsibility for the Individual and Support Coordination will be co-facilitated with the sending Support Coordinator as the lead.
- 👤 The sending Support Coordinator is responsible for completing Support Monitoring. However, due to travel distance, it may be necessary to have Support Monitoring completed by the receiving Support Coordinator. Every attempt to accommodate a reasonable request for assistance with Support Monitoring due to distance will be made.



The First 30 Days (con't.)



- 👤 The receiving provider will bill the sending RO for approved services until the date of transfer is agreed upon.
- 👤 Event Report Forms will be sent by the provider to the receiving RO and Support Coordinator where they will be entered into CIMOR. The receiving RO will send a copy of the Event Report Form (the Event Report Form shall be marked **COPY**) to the sending Support Coordinator.

Post-review Meeting



A post-move review meeting or call is held within the first month after the move. The post-move review meeting/call is jointly facilitated by the sending SC and CLC to include but not limited to the receiving SC, receiving CLC, and provider.

- 🤖 Outcomes and action steps may need to be developed at this meeting. If so, the sending SC will document those in a plan amendment.

Finalizing the transfer

- 👤 Following the post-move review meeting, the transfer date is determined. The transfer will be finalized within 30 days of the move.
- 👤 Regional Offices and TCM agencies cannot refuse to accept a transfer.
- 👤 We do not provide courtesy case management.

Administrative File Transfer Process

- 👤 The sending SCS or TCM transfer contact will electronically forward a completed Transfer Form (Appendix C) to the appropriate receiving TCM transfer contact and RO transfer contact designees.
- 👤 Prior to sending the form, the SCS or TCM transfer contact will ensure that items on the file audit checklist are included in the file.
- 👤 After review of the Transfer Form, the receiving transfer contact designees, or receiving TCM transfer contact (depending on who is providing SC) will respond within three business days of receipt via e-mail. The effective date of transfer, along with an address to mail records, will be included in the response to the sending TCM transfer contact and transfer contact designees.
- 👤 Once the transfer date is confirmed and all steps necessary to be done by the sending parties are complete, the Episode of Care is ended for the sending RO.



STATE OF MISSOURI
DMH – DIVISION OF DD – REGIONAL OFFICES
TRANSFER FORM

Date Submitted:

Transfer Type:

- ☐ Services
☐ Case Management
Only

Name:

DMH ID Number:

Date of Birth:

Medicaid Number:

Medicare Number:

ISP implementation date:

Guardian Status:

Individual's New Address(Include City, State, Zip Code):

County:

Telephone Number (include area code):

Parent/Guardian/Best Informant Address(Include City, State, Zip Code):

Parent/Guardian/Best Informant Phone (Include area code):

Transfer FROM (RO/TCM):

Transfer TO (RO/TCM):

Principle Diagnosis w/ code:

Services Authorized and/or projected:

Funding Source:

Choose an item.

Medicaid Waiver Slot #:

Was individual on the Waiting List: (provide date placed on Waiting List, PON Score, and service(s) needed:

Brief Update (ie. Reason for moving, concerns/issues receiving area should know about):

File Audit Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Admission Documents | <input type="checkbox"/> Waiver Choice Statement |
| <input type="checkbox"/> Legal Documents | <input type="checkbox"/> Provider Choice Statements |
| <input type="checkbox"/> Diagnosis Information (including ICD-0 codes and collateral) | <input type="checkbox"/> Budgetary Documents (approved UR/ISL budgets) |
| <input type="checkbox"/> All available Assessments (including MOCABI/Vineland) | <input type="checkbox"/> PON and UR Recommendation form |
| <input type="checkbox"/> Current Individual Support Plan | <input type="checkbox"/> Last 6 months of monthly/quarterly reviews |

File Audit Completed by:

Date File Audit Completed:

Transferring the Files

All files from the Regional Office and TCM entity including current and history (electronic or hard copy) shall be sent to the receiving TCM entity within 5 business days of the effective transfer date.



If the sending Regional Office has a manila file with the information listed below it shall be sent directly to the receiving Regional Office. If the receiving RO does not receive a manila file the TCM agency shall forward the following list of original documents to the Regional Office:

- 1.) All legal documents to include: Guardianship letters, Conservatorship letters, court orders and other custody documents, marriage certificates, birth certificates etc. and;
- 2.) All admission documents to include: eligibility determination and admissions information, assessments, and reports used to determine eligibility, application information, client rights receipt, client choice documents, diagnosis sheet and supporting documentation. Any paper records being forwarded need to be hand delivered or mailed by USPS certified with return receipt.

Frequently Asked Questions



What process should be followed if an individual needs an emergency residential living situation?

- 👤 The sending Support Coordinator will ensure that basic health and safety information will be sent to the provider before the individual moves. In the event that a move occurs without prior planning described in the guidelines, the sending Community Living Coordinator and Support Coordinator will ensure that a transition meeting is arranged as soon as possible, but no later than two weeks following the placement. The sending Regional Office and TCM provider will maintain responsibility for the individual until a transition meeting can be held.

Frequently Asked Questions



Who maintains responsibility when an individual is residing in respite in another region?

- When an individual is residing in another region in a respite situation, the current TCM provider and Regional Office will maintain responsibility for all services including TCM, service authorizations, incident reporting, etc. If a decision is made for the individual to permanently reside in the new region, the transfer procedures will then be in effect.

Frequently Asked Questions



How are transfers involving Children's Division handled?

- Transfers involving children in the custody of Children's Division will follow the transfer procedures outlined in the directive to ensure that communication necessary for planning occurs, and all necessary supports and services for the health and safety of the child are in place. Providers accepting children through child-specific contracts are responsible to inform their Support Coordinator and Regional Office of the placement before it occurs to allow the teams for other individuals in the home an opportunity to consider roommate compatibility and adjust the budgets as needed.

Frequently Asked Questions



How are transfers involving Children's Division handled? (Con't)

- 👤 The Regional Office or TCM provider serving the location of the Children's Division placement will be asked to provide TCM service coordination while the child is living in Children's Division placement. If a child is placed in a very short term placement (eg. 30 to 60 days) with intention of returning to his/her home area, the sending and receiving Regional Offices will determine on a case by case basis if a transfer will be completed or if the sending Regional Office will maintain responsibility.

Frequently Asked Questions



What if an individual's eligibility is questioned by the receiving TCM provider during the transfer process?

- 👤 If an individual who has been determined eligible for DD services transfers, and eligibility is questioned by the receiving Regional Office or TCM provider, the transfer will be accepted and a review of eligibility will be completed by the receiving Regional Office Intake Team, with formal documentation of the review completed. If the review does not confirm that the individual is eligible for services, then the receiving Regional Office will begin the formal redetermination process.

Frequently Asked Questions



What if an individual moves during the intake process?

- 👤 In the event that an individual moves prior to being determined eligible during the intake process, the Regional Office following completion of the intake, will transfer the individual to the receiving Regional Office and TCM provider without an ISP being completed. The receiving TCM entity will complete the initial ISP as is done with all new intakes.

Frequently Asked Questions



Who should be involved if an individual who receives Self-Directed supports moves from one area to another?

- ✪ If the individual who is moving receives Self-Directed supports, the sending and receiving Self Directed Supports Coordinator (SDSC) must maintain communication and follow up closely during the transfer process to ensure a smooth transition.
- ✪ The Support Coordinator will inform the current SDSC of the individual's plan to move.
- ✪ The sending and receiving SDSC's will collaborate to ensure timesheets and billing are in place and the services are authorized to begin in the new location on the correct date.
- ✪ The sending SDSC and receiving SDSC will coordinate who will notify the Fiscal Management Service (FMS) regarding change of address and other needed information.
- ✪ The receiving SDSC will notify FMS of the updated Support Coordinator and Support Coordinator Supervisor and is responsible for ensuring that FMS receives all updated and current information, and will work closely with accounting office to ensure that the authorization is transferred.

Frequently Asked Questions



What steps should be taken if an individual who receives supports moves to an area where similar supports are not available?

- 👤 If service gaps are identified, the receiving Support Coordinator or Community Living Coordinator will inform the Provider Relations team member at the Receiving Regional Office of the need for service development.

Frequently Asked Questions



How are transfers handled for an individual who is participating in the Partnership for Hope waiver?

- 👤 If the individual is utilizing Partnership for Hope (PfH) services and they transfer to a county that also participates in PfH, the services should continue and will be funded through DMH until the end of the fiscal year. At the end of the fiscal year, PfH services will be reauthorized with the match being split by DMH and the receiving county.
- 👤 If the individual is utilizing PfH services and they transfer to a county that does not participate in PfH, services will need to be terminated. Before the transfer occurs, the sending SC will inform the individual/guardian of why the PfH services are being terminated and assist with coordinating services through natural resources. There is no appeal process regarding this.

Frequently Asked Questions












Does funding from an SB 40 Board transfer with the individual?

- 👤 If the individual is utilizing funds from an SB 40 other than PfH, the sending SC will inform the individual/guardian that these funds will not transfer. The sending SC will seek and advocate for services to meet the needs that have been covered by funds that will not transfer.



Frequently Asked Questions








What should accompany an individual to a new residential living situation?

-  At a minimum, the following must be provided to the receiving provider no later than the day of the move:
 -  Current Individual Support Plan, including any addendums and budget authorizations
 -  Behavior Support Plan
 -  Current Physician's orders
 -  A minimum of a seven day supply of current medications
 -  Current physical, vision and dental exams
 -  Current specialized medical information
 -  Information regarding diet and allergies
 -  Medicaid, Medicare and Social Security cards

Frequently Asked Questions



What should accompany an individual to a new residential living situation? (Con't.)

-  Current immunization record
-  Adaptive equipment
-  Clothing
-  Personal care items
-  Personal property inventory
-  Documentation of guardianship and payee
-  Funding authorization

Personal spending money which has been assigned to the individual will move with the individual. Personal spending money still in the provider's account is returned to the Regional Office, or as otherwise directed by the Regional Office.

Frequently Asked Questions



Do both sending and receiving Regional Offices need to sign the budget?

- ❏ No. The sending Regional Office signs the approved budget and shares with the receiving Regional Office.

Community Transition Services

Community Transition Services are one-time, set-up expenses for individuals in the comprehensive waiver who transition from a congregate living setting to a less restrictive community living arrangement such as a home, apartment, or other community-based living arrangement. Congregate living settings include any provider-owned residential setting where MO HealthNet reimbursement is available, including the following:

- 👤 Intermediate Care Facilities for Individuals with Intellectual Disabilities
- 👤 Nursing Facilities
- 👤 Residential Care Facilities
- 👤 Assisted Living Facilities
- 👤 DD Waiver Group Homes

Community Transition Services

Examples of expenses that may be covered include:

- 👤 Expenses to transport furnishings and personal possessions to the new living arrangement;
- 👤 Essential furnishing expenses required to occupy and use a community domicile;
- 👤 Security deposits that are required to obtain a lease on an apartment or home that does not constitute paying for housing rent;
- 👤 Utility set-up fees or deposits for utility or service access (e.g. telephone, water, electricity, heating, trash removal);
- 👤 Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy.

Community Transition Services

Examples of expenses that may be covered include:

- 👤 Essential furnishings include items for an individual to establish his or her basic living arrangement, such as a bed, a table, chairs, window blinds, eating utensils, and food preparation items.
- 👤 Community transition services do not cover monthly rental or mortgage expenses, food, regular utility charges, and/or household appliances or items that are intended for purely divertive or recreational purposes such as televisions, cable TV access or VCRs or DVD players.

Total Transition Services are limited to \$3,000 per individual.

Additional Information

More information regarding the Transition service is available at:

<http://dmh.mo.gov/docs/dd/communitytransitionservice.pdf>

Division Directive 1.060 provides procedures for review, retention and management of individual records. It is available at:

<http://dmh.mo.gov/docs/dd/directives/1060.pdf>

Who to Contact if you need Assistance

The Community Living Coordinator at your local Regional Office can answer questions or assist with the transfer process.

<http://dmh.mo.gov/docs/dd/communitylivingcoordinator.pdf>



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Questions